

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>Serial No.</small> <div style="font-size: 1.5em; font-weight: bold;">10731177</div>	<small>FILING DATE</small> 					
							<small>APPLICANT(S)</small> 						
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
IND.	DEP.	IND.	DEP.	IND.	DEP.								
1						61							
2						62							
3						63							
4						64							
5						65							
6						66							
7						67							
8						68							
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18						78							
19						79							
20			/			80							
21			/	/		81							
22			/	/		82							
23			/	/		83							
24			/	/		84							
25			/	/		85							
26			/	/		86							
27			/	/		87							
28			/	/		88							
29			/	/		89							
30			/	/		90							
31			/	/		91							
32			/	/		92							
33			/	/		93							
34			/	/		94							
35			/	/		95							
36			/	/		96							
37			/	/		97							
38						98							
39						99							
40						100							
41													
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46													
47													
48													
49													
50													
TOTAL IND.				2		TOTAL DEP.				16			
TOTAL CLAIMS				18		TOTAL CLAIMS				18			